



## Complete Summary

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### TITLE

Colorectal cancer screening: percentage of adults 50 to 80 years of age who had appropriate screening for colorectal cancer.

### SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS 2006. Health plan employer data & information set. Vol. 2, Technical specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2005. 350 p.

## Measure Domain

### PRIMARY MEASURE DOMAIN

#### Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### SECONDARY MEASURE DOMAIN

Does not apply to this measure

## Brief Abstract

### DESCRIPTION

This measure is used to assess the percentage of adults 50 to 80 years of age who had appropriate screening for colorectal cancer. The Hybrid method is recommended to calculate this measure.

Note from the National Quality Measures Clearinghouse (NQMC): For this measure, there is both Administrative and Hybrid Specifications. This NQMC measure summary is based on the Hybrid Specification. Refer to the original measure documentation for details pertaining to the Administrative Specification.

### RATIONALE

Colorectal cancer (CRC) is the second leading cause of cancer-related death in the United States. It places significant economic burden on society, with treatment costing over \$6.5 billion per year. Unlike other screening tests that only detect

disease, some methods of CRC screening can detect premalignant polyps and guide their removal, which in theory can prevent development of colon cancer.

#### PRIMARY CLINICAL COMPONENT

Colorectal cancer; screening; fecal occult blood test; flexible sigmoidoscopy; double contrast barium enema; colonoscopy

#### DENOMINATOR DESCRIPTION

Health plan members age 51 through 80 years as of December 31st of the measurement year (see the "Description of Case Finding" and the "Denominator Inclusions/Exclusions" fields in the Complete Summary)

Note: A systematic sample is drawn from the eligible population for each product line.

#### NUMERATOR DESCRIPTION

One or more screenings for colorectal cancer. Appropriate screenings must meet one of four criteria:

- Fecal occult blood test (FOBT) during the measurement year
- Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year
- Double contrast barium enema (DCBE) during the measurement year or the four years prior to the measurement year. Air contrast enema is a clinical symptom.
- Colonoscopy during the measurement year or the nine years prior to the measurement year.

See the related "Numerator Inclusions/Exclusions" field in the Complete Summary.

### Evidence Supporting the Measure

#### EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

### Evidence Supporting Need for the Measure

#### NEED FOR THE MEASURE

Overall poor quality for the performance measured  
Use of this measure to improve performance  
Variation in quality for the performance measured

#### EVIDENCE SUPPORTING NEED FOR THE MEASURE

National Committee for Quality Assurance (NCQA). The state of health care quality 2005: industry trends and analysis. Washington (DC): National Committee for Quality Assurance (NCQA); 2005.

#### State of Use of the Measure

##### STATE OF USE

Current routine use

##### CURRENT USE

Accreditation  
Decision-making by businesses about health-plan purchasing  
Decision-making by consumers about health plan/provider choice  
External oversight/Medicare  
Internal quality improvement

#### Application of Measure in its Current Use

##### CARE SETTING

Managed Care Plans

##### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Measure is not provider specific

##### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

##### TARGET POPULATION AGE

Age 50 through 80 years

##### TARGET POPULATION GENDER

Either male or female

##### STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

## Characteristics of the Primary Clinical Component

### INCIDENCE/PREVALENCE

Unspecified

### ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

### BURDEN OF ILLNESS

See "Rationale" field.

### UTILIZATION

Unspecified

### COSTS

See "Rationale" field.

## Institute of Medicine National Healthcare Quality Report Categories

### IOM CARE NEED

Staying Healthy

### IOM DOMAIN

Effectiveness

## Data Collection for the Measure

### CASE FINDING

Both users and nonusers of care

### DESCRIPTION OF CASE FINDING

Health plan members age 51 through 80 years as of December 31st of the measurement year, who have been continuously enrolled in the health plan during the measurement year and the year prior to the measurement year with no more than one gap in continuous enrollment of up to 45 days during each year of continuous enrollment

Note: A systematic sample is drawn from the eligible population for each product line.

## DENOMINATOR SAMPLING FRAME

Enrollees or beneficiaries

## DENOMINATOR INCLUSIONS/EXCLUSIONS

### Inclusions

Health plan members age 51 through 80 years as of December 31st of the measurement year

Note: A systematic sample is drawn from the eligible population for each product line.

### Exclusions

- Exclude members with a diagnosis of colorectal cancer or total colectomy. The managed care organization (MCO) should look for evidence of colorectal cancer or total colectomy as far back as possible in the member's history, through either administrative data or medical record review. Refer to Table COL-B in the original measure documentation for codes to identify exclusions for colorectal cancer screening.
- Exclusionary evidence in the medical record must include a note indicating a diagnosis of colorectal cancer or total colectomy. The diagnosis of colorectal cancer or total colectomy must have occurred by December 31 of the measurement year. The MCO may use the description of the codes listed in Table COL-B in the original measure documentation as symptoms for a diagnosis of colorectal cancer or total colectomy.

## RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

## DENOMINATOR (INDEX) EVENT

Patient Characteristic

## DENOMINATOR TIME WINDOW

Time window precedes index event

## NUMERATOR INCLUSIONS/EXCLUSIONS

### Inclusions

One or more screenings for colorectal cancer. Appropriate screenings must meet one of four criteria:

- Fecal occult blood test (FOBT) during the measurement year
- Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year
- Double contrast barium enema (DCBE) during the measurement year or the four years prior to the measurement year. Air contrast enema is a clinical symptom.

- Colonoscopy during the measurement year or the nine years prior to the measurement year.

Note: In most cases, the FOBT test requires three samples to be returned. For administrative data, it is assumed that three are returned. If medical record data does not indicate the number returned, it is assumed that three samples were returned. If the medical record data notes an FOBT was done and less than three cards were returned, this is compliant with the measure. However, if the medical record notes that fewer than three were returned and does not indicate the type of FOBT test, the member does not meet the screening criteria for inclusion in the numerator.

#### Exclusions

- Digital rectal exam should not be counted toward the measure.
- Single contrast barium enema and a notation of barium enema should not be used toward the measure.

#### MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

#### NUMERATOR TIME WINDOW

Fixed time period

#### DATA SOURCE

Administrative data  
Medical record

#### LEVEL OF DETERMINATION OF QUALITY

Individual Case

#### PRE-EXISTING INSTRUMENT USED

Unspecified

### Computation of the Measure

#### SCORING

Rate

#### INTERPRETATION OF SCORE

Better quality is associated with a higher score

#### ALLOWANCE FOR PATIENT FACTORS

Analysis by subgroup (stratification on patient factors, geographic factors, etc.)

#### DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

This measure requires that separate rates be reported for Medicare and commercial product lines.

#### STANDARD OF COMPARISON

External comparison at a point in time  
External comparison of time trends  
Internal time comparison

### Evaluation of Measure Properties

#### EXTENT OF MEASURE TESTING

Unspecified

### Identifying Information

#### ORIGINAL TITLE

Colorectal cancer screening (COL).

#### MEASURE COLLECTION

[HEDIS® 2006: Health Plan Employer Data and Information Set](#)

#### MEASURE SET NAME

[Effectiveness of Care](#)

#### DEVELOPER

National Committee for Quality Assurance

#### INCLUDED IN

Ambulatory Care Quality Alliance

#### ADAPTATION

Measure was not adapted from another source.

#### RELEASE DATE

2004 Jan

## REVISION DATE

2005 Jan

## MEASURE STATUS

This is the current release of the measure.

## SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS 2006. Health plan employer data & information set. Vol. 2, Technical specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2005. 350 p.

## MEASURE AVAILABILITY

The individual measure, "Colorectal Cancer Screening (COL)," is published in "HEDIS 2006. Health Plan Employer Data & Information Set. Vol. 2, Technical Specifications."

For more information, contact the National Committee for Quality Assurance (NCQA) at 2000 L Street, N.W., Suite 500, Washington, DC 20036; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: [www.ncqa.org](http://www.ncqa.org).

## COMPANION DOCUMENTS

The following is available:

- National Committee for Quality Assurance (NCQA). The state of health care quality 2005: industry trends and analysis. Washington (DC): National Committee for Quality Assurance (NCQA); 2005. 74 p.

For more information, contact the National Committee for Quality Assurance (NCQA) at 2000 L Street, N.W., Suite 500, Washington, DC 20036; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: [www.ncqa.org](http://www.ncqa.org).

## NQMC STATUS

This NQMC summary was completed by ECRI on June 16, 2006. The information was not verified by the measure developer.

## COPYRIGHT STATEMENT

This NQMC summary is based on the original measure, which is subject to the measure developer's copyright restrictions.

For detailed specifications regarding the National Committee on Quality Assurance (NCQA) measures, refer to HEDIS Volume 2: Technical Specifications, available from the NCQA Web site at [www.ncqa.org](http://www.ncqa.org).



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The logo for FIRSTGOV, with "FIRST" in blue and "GOV" in red, and a small red star above the "I".

